

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 22a  
OMB No.:

State/Territory: Rhode Island

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:  — Twice the SSI resource standard for an individual.  — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. 92-07

Supersedes

Approval Date DEC 16 1992

Effective Date 7/1/92

TN No. NEW

HCFA ID: 7985E

State: RHODE ISLAND

Citation	Condition or Requirement
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10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 92-02  
Supersedes  
TN No. 87-04

Approval Date DEC 9 1992

Effective Date 7/1/92

HCFA ID: 7985E

State: RHODE ISLAND

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p>

TN No. 92-02  
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TN No. 87-04

Approval Date \_\_\_\_\_

Effective Date 7/1/92

HCFA ID: 7985E

State: RHODE ISLAND

Citation	Condition or Requirement
1920(b)(1) of the Act	<p>___(3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan and ends on the earlier of the day the State agency makes a determination of eligibility for Medicaid or 45 days after the qualified provider makes the income eligibility determination. The woman must file an application for Medicaid with the State agency by the end of the month after the date on which the qualified provider makes the presumptive eligibility determination. Otherwise coverage ends on that 14th day.</p>
1902(e)(8) and 1905(a) of the Act	<p><input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><input checked="" type="checkbox"/> 12 months</p> <p><input type="checkbox"/> 6 months</p> <p><input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months)</p>

TN No. 92-02  
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Approval Date DEC 9 1992

Effective Date 7/1/92

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Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A.</u></p>

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State: Rhode Island

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OMB no.: 0938-0673

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Citation	Condition or Requirement
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1924 of the Act

15. The agency complies with the provisions of Section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

\_\_\_\_\_ the maximum standard permitted by law;

\_\_\_\_\_ the minimum standard permitted by law; or

\* \_\_\_\_\_ a standard that is an amount between the minimum and the maximum. The State standard for community spouses is equal to the greater of:

- 1) the minimum protected resource amount; or,
- 2) one-half of the value of the couple's total joint resources as of the beginning of the period of continuous institutionalization, not to exceed the maximum protected resource amount.

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TN No. 99-005

Supersedes

TN No. New

Approval Date: 12-15-99 Effective Date: 7/1/99

As effective by law or

AFDC Standards of Assistance

Sec. 209

I. CONSOLIDATED STANDARD

In using the table below, select the appropriate amount from the AFDC Monthly Standard column according to the number of eligible persons in the AFDC assistance plan.

Payment to eligible families is made semi-monthly. The conversion of monthly dollar amounts to semi-monthly payment amounts is done automatically by the computer.

\*

PLAN SIZE	AFDC MONTHLY STANDARD	AFDC SEMI- MONTHLY PAYMENT
1	\$ 321.00	\$ 160.50
2	440.00	220.00
3	543.00	271.50
4	620.00	310.00
5	696.00	348.00
6	784.00	392.00
7	863.00	431.50
8	951.00	475.50
9	1,022.00	511.00
10	1,110.00	555.00
11	1,188.00	594.00
12	1,268.00	634.00
13	1,348.00	674.00
14	1,432.00	716.00
15	1,512.00	756.00
add	84.00	42.00
for each person.		

TN No. 89-08

(Pending Approval by FSA)

Supersedes  
TN No. 88-08

Approval  
Date SEP 07 1989

Effective  
Date 7/1/89